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Bib Data Sheet

CONFIRMATION NO. 3654

SERIAL NUMBER 10/002,842	FILING OR 371(c) DATE 11/14/2001 RULE	CLASS 435	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. TLLAB.79219
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APPLICANTS

James Hunter Boone, Christiansburg, VA;
 David Maxwell Lyerly, Radford, VA;
 Tracy Dale Wilkins, Riner, VA;
 Richard Littleton Guerrant, Charlottesville, VA;

** CONTINUING DATA *****

This appln claims benefit of 60/248,288 11/14/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

01/22/2002

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	VA	0	20	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

5251

TITLE

METHOD FOR DIFFERENTIATING IRRITABLE BOWEL SYNDROME FROM INFLAMMATORY BOWEL DISEASE (IBD) AND FOR MONITORING PERSONS WITH IBD USING TOTAL ENDOGENOUS LACTOFERRIN AS A MARKER

FILING FEE RECEIVED 519	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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